

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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11						
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13						
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16						
17		1				
18	1					
19		1				
20		1				
21		2				
22		2				
23	1					
24	1					
25	1					
26		1				
27	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	10					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						